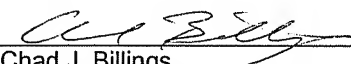


| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1163-0491P | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|------------------------------|------|
| Application No. 10/773,181-Conf. #006757 | Filing Date February 9, 2004 | Examiner M. Weiskopf | Art Unit 3661 | | |
| Applicant(s): Hiroshi MACHINO | | | | | |
| Invention: ROUTE SEARCHING APPARATUS | | | | | |
| MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 4 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 4 | - 4 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Chad J. Billings Attorney Reg. No.: 48,917 | | | | Dated: <u>April 10, 2007</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035 | | | | | |